

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 734Registered No. 663

## 1. PLACE OF BIRTH

County GilaState Arizona

District or Township

or Village P.O. Box 169 - Miami, Ariz.City MiamiNo. 17 Dairy Canon

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gilberts Gallegos

If child is not yet named, make supplemental report, as directed.

## 3. Sex of Child

To be answered ONLY  
in event of plural  
births.

## 4. Twin, triplet or other

## 6. Legitimate?

## 7. Date

male

## 5. No., in order of birth

yesof birth Dec. 8 - 1930.  
Month Day Year

## 8.

## FATHER

Full name

Miguel N. Gallegos

## 9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

## 10. Color or race

Mex.11. Age at last birthday 39 (Years)

## 12. Birthplace (city or place)

(State or country)

Lake Valley  
New Mex.

## 13. Occupation

Nature of Industry

Mining

## 14.

## MOTHER

Full maiden name

Magdalena J. Galvan

## 15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

## 16. Color or race

Mex17. Age at last birthday 32 (Years)

## 18. Birthplace (city or place)

(State or country)

Chihuahua  
Mex

## 19. Occupation

Nature of Industry

Housewife

## 20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)9(a) Born alive and now living 7(b) Born alive but now dead 2(c) Stillborn 0

## 21. Were precautions taken against ophthalmia neonatorum?

yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3A m. on the date above stated.  
(Born alive or stillborn)

Signature

Cyril M. Brown M.D.

(Physician or midwife.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

Month, day, year

Address Miami, ArizonaFiled Dec 15 1930

Registrar.

Registrar.

772-1208-475